

ISSUE SLIP STAPLE AREA (for additional cross references)

| PCN | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|----------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | ✓ | 3 | 4/1 |
| FORMALITY REVIEW | ATT | 593 | 02/22/01 |
| RESPONSE FORMALITY REVIEW | | | |
| ✓ | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 08/15/01 |
| 2 | ✓ | ✓ | 11/26/01 |
| 3 | ✓ | ✓ | 03-24-01 |
| 4 | ✓ | ✓ | 03-24-01 |
| 5 | ✓ | ✓ | 03-24-01 |
| 6 | ✓ | ✓ | 03-24-01 |
| 7 | ✓ | ✓ | 03-24-01 |
| 8 | ✓ | ✓ | 03-24-01 |
| 9 | ✓ | ✓ | 03-24-01 |
| 10 | ✓ | ✓ | 03-24-01 |
| 11 | ✓ | ✓ | 03-24-01 |
| 12 | ✓ | ✓ | 03-24-01 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy